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Bib Data Sheet

CONFIRMATION NO. 6350

<b>SERIAL NUMBER</b> 10/047,011	<b>FILING DATE</b> 01/16/2002 <b>RULE</b>	<b>CLASS</b> 717	<b>GROUP ART UNIT</b> <del>2122</del> <del>2124</del> 2193	<b>ATTORNEY DOCKET NO.</b> AUS920010750US1	
<b>APPLICANTS</b> Lorin Ullmann, Austin, TX; Allen Chester Wynn, Round Rock, TX;					
<b>** CONTINUING DATA *****</b> None <i>None</i>					
<b>** FOREIGN APPLICATIONS *****</b> None <i>None</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/13/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Robert H. Frantz P.O. Box 23324 Oklahoma City, OK 73123-2334					
<b>TITLE</b> Stack unique signatures for program procedures and methods					
<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		